

TROOP/UNIT: Eastern District Major Crime-K		OTHER INVOLVED AGENCY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY) Trail off Cabin Road in Colchester, Ct.			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION The 18 year old accused Michael J. Hutchins was arrested on an arrest warrant for sexually assaulting an eight year old from Colchester. Hutchins was charged with (15) fifteen counts of sexual assault 1 st degree and (15) fifteen counts of Risk of Injury to a minor.			
VICTIM (DO NOT IDENTIFY IF JUVENILE BY NAME OR ADDRESS-IF JUVENILE WRITE "JUVENILE" IN NAME FIELD & AGE IN DOB FIELD) 8 Year old [redacted] Victim from Colchester, Connecticut			
NAME/BUSINESS/AGENCY 8 Year old Juvenile	ADDRESS (TOWN/CITY & STATE ONLY) Colchester, Connecticut	JUVENILE: <input checked="" type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME/BUSINESS/AGENCY	ADDRESS (TOWN/CITY & STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/BUSINESS/AGENCY	ADDRESS (TOWN/CITY & STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS-WRITE "JUVENILE" AND AGE ONLY)			
NAME: Michael J. Hutchins	<input type="checkbox"/> M <input type="checkbox"/> F DOB: 9/16/87	ADDRESS: 123 David Road in Colchester, CT.	
CHARGES: 1. 15 Counts Sexual Assault 1 st Degree 53a-70 2. 15 counts Risk of Injury to a Minor 53-21 3. 4.	COURT: GA: 21 TOWN: NORWICH DATE: IF NO BOND → 06/15/06	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT: \$ 250,000.00 <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT. OF CORRECTIONS @	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME:	<input type="checkbox"/> M <input type="checkbox"/> F DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT: \$ <input type="checkbox"/> TO BE PRESENTED IN COURT <input type="checkbox"/> TRANS TO DEPT. OF CORRECTION @	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME:	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT: \$ <input type="checkbox"/> TO BE PRESENTED IN COURT <input type="checkbox"/> TRANS TO DEPT OF CORR.	
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <u>Sgt</u> ID # <u>133</u> DATE: <u>6/14/06</u>			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE PHONE: 860-685-8230 FAX 860-685 8301 TO BE			